PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10685760

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				R THAN ENTITY
TOTAL CLAIMS			18					ATE	FEE	OR 7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FE	 	OR	BASIC FEE	
TO	TAL CHARGE	ABLE CLAIMS	// mi	inus 20=	*		×	\$ 9=		OR	1/2/2	
INI	DEPENDENT C	CLAIMS	3 m	ninus 3 =	*		. >	(43=		1	Y00	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT	-				-		OR		
* I1	the difference	e in column 1 is	less than z	ero, enter	"0" in o	column 2		145=	<u> </u>	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							TC	DTAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							IALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	.,••	HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDV	Total	*	Minus	**		=	X	§ 9=	1	OR	X\$18=	• ,
AME	Independent	*	Minus	. ***		=	X-	43= .		OR	X86=	
<u> </u>	FIRST PRESE	ENTATION OF M	JUIPLE DE	PENDENT	CLAIM		+1	45=		OR	+290=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
				Ť.								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PAID F	ER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=	
AME	Independent	ndependent + Minus +** IRST PRESENTATION OF MULTIPLE DEPENDE		<u> </u>		=	X4	3=		OR	X86=	
	FIRST PRESE	VIALION OF IND	ILTIPLE DEF	ENDENT	JLAIM		+14	i5=		OR	+290=	
•	·					•	ADDIT	OTAL FEE		ÖR A	TOTAL DDIT. FEE	
-		(Column 1) (Column 2) (Column 3)										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RA		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	* 9	Minus	** .	•	=	X\$	9=		OR	X\$18=	
AME	Independent				=	X4:	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR -	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TO	TAL		_ L	TOTAL	
***!	the "Highest Nur	mber Previously Paid ber Previously Paid	id For IN THIS	S SPACE is I	ess than	3. enter "3."	ADDIT. ound in the			. ~	DDIT. FEE L	